



**PARENTAL/GUARDIAN APPROVAL
FOR MINOR VISITOR**

Per DOC 450.300 Visits for Prison Offenders, I,

Non-incarcerated parent/guardian

_____, DOB, _____

_____, Social Security # _____

Parent/guardian of

Name of minor and relationship to offender

_____, DOB, _____

_____, Social Security # _____

Name of minor and relationship to offender

_____, DOB, _____

_____, Social Security # _____

Name of minor and relationship to offender

_____, DOB, _____

_____, Social Security # _____

Name of minor and relationship to offender

_____, DOB, _____

_____, Social Security # _____

hereby give permission for

Name of adult escort(approved visitor)

_____, DOB, _____

_____, Social Security # _____

Name of adult escort(approved visitor)

_____, DOB, _____

_____, Social Security # _____

Name of adult escort(approved visitor)

_____, DOB, _____

_____, Social Security # _____

to accompany the above named minor/s to visit

Offender name,

_____, DOC # _____

Parent/Guardian Signature

Date

Notary Signature

Date

Notary Seal

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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